

Michigan Department of Community Health  
EMS AND TRAUMA SYSTEMS SECTION  
P.O. Box 30437  
Lansing, Michigan 48909  
(517) 241-0179  
**Website: [www.michigan.gov/ems](http://www.michigan.gov/ems)**

*Authority: P.A. 368 of 1978, as amended  
This form is for information only.*

## **LICENSURE INSTRUCTIONS**

### **GENERAL INSTRUCTIONS FOR ALL LEVELS**

Applications with fees must be submitted together. Applications submitted without the required fee will be returned to the applicant. **ALL FEES ARE NON-REFUNDABLE.**

An individual can file an application for licensure as a MFR, EMT, EMT-Specialist or Paramedic at any time after course completion. The application will not be complete until the State has received verification of your course completion from the Education Program Sponsor or out of state licensing agency and verified that the applicant has passed the National Registry of EMT examination. **Applications must be received within two years from course completion.**

Once licensed by the State of Michigan, it is not necessary to retain the National Registry certification for license renewal or re-licensure. Michigan uses the National Registry for examination purposes only. Once you are licensed all licensees are required to complete the continuing education mandated by the State. Being Nationally Registered does not exempt you from complying with the continuing education requirements for renewal of your Michigan license.

You must be at least 18 years of age to make application.

Mark the box on the application to determine if you are applying by Michigan course completion and National Registry exam, reciprocity/endorsement (currently licensed in another state and have successfully passed the National Registry exam), or National Registry status only (not licensed in another state; exceeded two (2) years from course completion; however, National Registry is current). **NOTE: Out-of-state education will not be accepted for licensure (individuals would need to apply through the reciprocity/endorsement process).**

Mark the box for the appropriate level of license (MFR, EMT, Specialist, Paramedic) for which you are applying and submit the correct fee for that level. Failure to complete the application in its entirety and correctly may result in a delay of your application being processed for licensure. **This is a two-page application.** Be sure to complete both pages/sides before submitting and sign and date your application.

**Volunteer Agency Employees:** Applicants that work for a volunteer licensed Michigan Life Support Agency (those that do not charge for their services and the individual does not get paid for their services) are eligible for fee exemption. Please call the telephone number above and ask for the “*Volunteer Agency Fee Exempt Form*”. (EMS-144)

**APPLYING BY MICHIGAN COURSE COMPLETION AND NATIONAL REGISTRY EXAM - You completed A MICHIGAN approved education course and successfully passed the National Registry examination. Education must have been successfully completed within the last two (2) years.**

1. Complete the two (2) page application form and submit it with the appropriate fee to the EMS & Trauma Systems Section within two years of course completion. **Application fees are non-refundable.**
2. Enter your Michigan education program sponsor's name (name of school or facility that conducted course) and date of course completion.
3. If you have a yes answer to question number 1 on page 2 of the application, you must complete the attached criminal conviction history form DCH-HLD-002 (8/11).
4. If you have a yes answer to question number 2 on page 2 of the application, you must submit a detailed explanation with your application.

5. Question 3 asks for any **MICHIGAN** EMS or any other State EMS license number that you have previously held. If you have ever been licensed in another state, whether it is current or expired, forward a *Verification of Out-of-State Licensure Form (EMS-251)* to the licensing agency in each state for their completion and submission directly to this office. National Registry is not a state; therefore, do not send this form to the National Registry.

If applying for Specialist or Paramedic, indicate your previous or current EMT license number. You must have passed the EMT written and practical exams before you are eligible for licensure at the higher level.

6. National Registry exam results are verified by the State. **Applicant should not submit exam results.**

**APPLYING BY RECIPROCITY/ENDORSEMENT - You are currently licensed in another state at the level of licensure that you are applying for and have successfully completed the National Registry exam.**

1. Complete the two (2) page application form and submit it with the appropriate fee to the EMS & Trauma Systems Section. **Application fees are non-refundable.**
2. If you have a yes answer to question number 1 on page 2 of the application, you must complete the attached criminal conviction history form DCH-HLD-002 (8/11).
3. If you have a yes answer to question number 2 on page 2 of the application, you must submit a detailed explanation with your application.
4. After completing Part 1 of the *Verification of Out-of-State Licensure Form (EMS-251)*, submit to the licensing agency in each state that you are currently licensed in and to any other state that you have ever been licensed for their completion and submission directly to this office. That agency must complete the form in its entirety marking the appropriate boxes for the level of licensure they are verifying. National Registry is not a state; therefore, do not send this form to the National Registry.
5. Verification that you were once certified by the National Registry at the level you are applying for is obtained by the State. **Applicant should not submit exam results.**

**APPLYING BY NATIONAL REGISTRY STATUS ONLY- You are currently National Registered; NOT currently licensed in another State; exceeded two (2) years from course completion; or taken a military course.**

1. Complete the two (2) page application form and submit it with the appropriate fee to the EMS & Trauma Systems Section. **Application fees are non-refundable.**
2. If you have a yes answer to question number 1 on page 2 of the application, you must complete the attached criminal conviction history form DCH-HLD-002 (8/11).
3. If you have a yes answer to question number 2 on page 2 of the application, you must submit a detailed explanation with your application.
4. With your application submit copies of certificates or other acceptable documentation of Michigan approved continuing education credits and **a copy of your current CPR card** (front and back). Your continuing education **must** meet the following:

MFR – 15 Michigan required credits

EMT - 30 Michigan required credits; 42 additional credits in any EMS category

EMT-S – 36 Michigan required credits; 36 additional credits in any EMS category

Paramedic – 45 Michigan required credits; 27 additional credits in any EMS category; ACLS

Michigan continuing education requirements are outlined on the Continuing Education Personnel Record form EMS-127 available at [www.michigan.gov/ems](http://www.michigan.gov/ems).

5. **If applying by NREMT status only with a Military Course**, course must be completed within 2 years of application. If not, applicant must meet the requirements identified in 4 above. With your application submit a copy of your military certificate and **a copy of your current CPR card** (front and back).

### **LICENSING AT A LOWER LEVEL**

A paramedic, EMT-Specialist, or EMT holding an active license (current or within 60 day grace period) may qualify to apply for licensure at a lower level. Complete the application form for a new license, checking the box for the lower level you wish to apply for. Submit along with the fee, copies of certificates or other acceptable documentation of Michigan approved continuing education credits and a copy of your current CPR card (front and back) for that level as if the individual were merely renewing their license at the lower level. **Refer to EMS Personnel Continuing Education Form BHPPA/EMS-127 for category and lecture/practical requirements which can be found at [www.michigan.gov/ems](http://www.michigan.gov/ems).**

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**APPLICATION FOR LICENSURE**

Authority: Public Act 368 of 1978, as amended.  
 If this form is not complete a license will not be issued.

**Type or Print Only****State Office Use Only****I AM APPLYING BY:** (see instructions)

- ☐ **Michigan course completion within 2 years and successfully passed the National Registry examination**
- ☐ **Reciprocity/Endorsement** (Currently licensed in another state and have successfully completed the National Registry exam)
- ☐ **National Registry Status only** (currently National Registered; NOT currently licensed in another State; **exceeded two (2) years from course completion**; or taken a military course).

**I AM APPLYING FOR THE FOLLOWING (Check ONE only)**

- ☐ **Medical First Responder: No fee required**
- ☐ **Emergency Medical Technician (Basic) – Fee: \$40.00 71-3203-01**
- ☐ **EMT-Specialist (NR-Intermediate 85) – Fee \$60.00 71-3202-01**
- ☐ **Paramedic – Fee: \$80.00 71-3201-01**

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH. Fees are deposited upon receipt and are NON-REFUNDABLE.**

First Name	Middle Name	Last Name
U.S. Social Security Number		Date of Birth
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (If Applicable)		Daytime Phone Number

**EDUCATION INFORMATION:**

Michigan Education Program Sponsor (Name and Location)	Date of Course Completion
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Name	Social Security Number
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**Check the appropriate answer to each of the following questions.**

1. Have you been convicted of a misdemeanor or felony, other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>NOTE: Attach criminal conviction history form DCH-HLD-002 (8/11) for a Yes answer</b>		
2. Have you ever had a federal or state health professional license or registration revoked, suspended, or otherwise disciplined, been denied a license or currently have disciplinary action pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>NOTE: Attach a detailed explanation for a Yes answer</b>		
3. Do you hold, or have you ever held an emergency medical services <b>license</b> in any state? List each state, including Michigan, the license number, and the date issued. <b>For states other than Michigan you must have each state's licensing agency verify licensure directly to this office.</b> (Attach additional sheets, if necessary) <input type="checkbox"/> Yes <input type="checkbox"/> No		
State	License/Registration Number	Date of Issue

**CERTIFICATION**

**I certify that I am the person named on this application and that all statements are true. I understand that my Education Program Sponsor shall be made aware of my examination results. Once licensed, I will comply with all applicable state laws and rules.**

**I understand that it is the policy of this agency to secure criminal conviction history as part of the pre-licensure screening process, and I authorize the agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record keeping organization.**

**I further consent to the release of information to this agency regarding any discipline investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state of the United States, military branch of the federal government or any sovereign nation.**

**The statements in this application are true and correct. I have not withheld information which might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation may be punishable by law.**

Signature	Date
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### VERIFICATION OF OUT-OF-STATE LICENSURE

Authority: Public Act 368 of 1978, as amended.

**PART I – To be completed by the applicant and forwarded to the appropriate State Licensing Agency for completion.**

Please indicate the level of licensure for which you are requesting verification:		
<input type="checkbox"/> Medical First Responder	<input type="checkbox"/> Emergency Medical Technician	<input type="checkbox"/> EMT-Specialist/Intermediate 85 <input type="checkbox"/> Paramedic
First Name	Middle Name	Last Name
All Previous Names and/or Birth Names Used (if applicable)	Date of Birth	Social Security Number
State Agency	License Number	Date of Issue

The applicant named above has applied for licensure in Michigan and has indicated licensure in your state. Please complete Part II of this form and return it to the address shown above. **(Must be received with original signature, faxed copies are not accepted)**

**PART II – To be completed by the State Licensing Agency**

License Type	License Status <input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	Expiration Date
Has the applicant incurred and disciplinary proceedings in your State? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please attach <b>certified</b> copies of any actions.)		Are disciplinary proceedings pending? <input type="checkbox"/> No <input type="checkbox"/> Yes
Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended, or revoked? <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes (If yes, please attach certified copies of any actions.)</b>		
If applying for <b>MFR</b> , Did the applicant's training include the following: <input type="checkbox"/> Spinal Immobilization, <input type="checkbox"/> Epi Pen		
If applying for <b>EMT</b> , Did the applicant's training include the following? <input type="checkbox"/> Supraglottic airway (e.g., combitube, king), <input type="checkbox"/> Epi Pen, <input type="checkbox"/> Albuterol		
If applying for <b>EMT Specialist (Intermediate 85)</b> , Did the applicant's training include the following (check the appropriate box(es))? <input type="checkbox"/> IV Therapy (fluid replacement only) <input type="checkbox"/> Endotracheal intubation <input type="checkbox"/> Supraglottic airway		
If applying for <b>Paramedic</b> , Did the applicant's training include (check the appropriate box(es))? <input type="checkbox"/> IV Therapy <input type="checkbox"/> Medication administration <input type="checkbox"/> Endotracheal intubation <input type="checkbox"/> Manual defibrillation		
If this person is currently licensed as an EMT Specialist (Intermediate 85) or Paramedic, do they currently hold or have they held in the past, certification/licensure at the EMT level? <input type="checkbox"/> No <input type="checkbox"/> Yes		

#### CERTIFICATION

I hereby certify that, to the best of my knowledge, the information above is true to the records of this Board.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Type or Print Name \_\_\_\_\_

Title \_\_\_\_\_

Name of Licensing Agency \_\_\_\_\_

( S E A L )

Phone Number \_\_\_\_\_

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs know to this agency

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## CRIMINAL CONVICTION HISTORY FORM

Authority: Public Act 368 of 1978, as amended

If you have been convicted of a misdemeanor or felony, please complete this form and mail it to the address above or fax it to: (517) 241-9458. If you have applied for licensure, processing of your application will be delayed until this information is received.

First Name	Middle Name	Last Name
U.S. Social Security Number	Drivers License Number	Type of license you are applying for

Conviction #1 Information
Briefly state the nature of the conviction
Date of Violation
Date of Conviction
County, State, & Court of Jurisdiction
Sentence
Please check, if applicable and give date: <input type="checkbox"/> Expunged on: ____/____/____ <input type="checkbox"/> Annulled on: ____/____/____

Conviction #2 Information
Briefly state the nature of the conviction
Date of Violation
Date of Conviction
County, State, & Court of Jurisdiction
Sentence
Please check, if applicable and give date: <input type="checkbox"/> Expunged on: ____/____/____ <input type="checkbox"/> Annulled on: ____/____/____

**NOTE: The back of this form may be used if you have more than two convictions**

### CERTIFICATION

I hereby certify that the above facts and any attached statements are true, accurate, and complete about any and all convictions, and further make application for licensure in Michigan.

Signature of Applicant/Licensee	Date
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The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.